

CHILDBIRTH AND CHILDCARE IN RDO SBIS TIBETAN TOWNSHIP

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ABSTRACT

Rdo sbis (Daowei 道 帷) Tibetan Autonomous Township, Xunhua 循 化 Salar Autonomous County, Haidong 海 东 Region, is located in eastern Qinghai 青 海 Province, PR China. Knowledge, beliefs, and behavior associated with childbirth, midwifery, and childcare in Rdo sbis Township Tibetan communities are described, focusing on a single village as a case-study.

KEY WORDS

Rdo sbis, *ma ma*, childbirth, childcare, Xunhua

SETTING

Rdo sbis Tibetan Autonomous Township, located in southwest Xunhua Salar¹ Autonomous County, Haidong 海东 Region, Qinghai 青海 Province, is one of five Tibetan townships in Xunhua County. The others are Bis mdo (Wendu 文都), Rkang tsha (Gangcha 岗察), KA ring (Galeng 扱楞), and Se chang (Xichang 夕昌). There are twenty-seven villages in Rdo sbis Township, including two Salar, one Hui 回, and one Han 汉 village. Nearly all Rdo sbis residents are Tibetans.

Rdo sbis is in a valley surrounded by mountains, the tallest three being A myes Dar rgyal, A myes Gong ye,² and A myes Stong ri, which are venerated as the abodes of mountain deities by local Tibetans. A myes Dar rgyal is located on the border between Qinghai and Gansu 甘肃 Province's Linxia Hui Autonomous Prefecture 临夏回族自治州. A myes Gong ye (on the west side of the valley) and A myes Stong ri (in the east) face each other. A road runs through the valley center between these mountains. Villages lie on either side of the road. Certain villages located on the mountainsides have fields watered only by rain. Such villages are called *ri ma*. Villages at the foot of the mountains and on the valley floor, called *chu ma*, have

¹ Sala 撒拉. Ma and Stuart (1996:287) state that:

The Salar are a Turkic-speaking Islamic people who live primarily in Xunhua County in eastern Qinghai. Their origins are uncertain, but the Salar themselves maintain that during the thirteenth century their ancestors left Samarkand in present-day Uzbekistan and eventually settled in their present location.

² Alternative spelling: Gong yul.

fields irrigated by the river.³ Behind A myes Stong ri is Lake Stong ri lha mtsho (Mengda tianchi 孟达天池). Rdo sbis Tibetans visit the lake to worship, particularly on the fourth day of the fourth lunar month.⁴ In the western section of the valley a stupa marks the boundary between Salar and Tibetan territories, known as Naturally Arisen Stupa (Mchod rten rang byung). Locals believe that the stupa rose by itself overnight, and contend that if one wants to go to Lhasa to worship, one first should visit Mchod rten rang byung.

The focal site of this study, Dpa' sde⁵ Village, is one of three small villages collectively known as Dgu ru.⁶ There were approximately 170 people in Dpa' sde Village in 2008 that included sixty-five adult women, sixty-one adult men, and forty-four children (under the age of fifteen). The average Dpa' sde Village family had five members.

Dpa' sde villagers grow barley, wheat, and potatoes on land that is irrigated five or six times annually between the fourth and sixth lunar months. Wealthy families with at least eight *mu* 亩⁷ of land sell surplus barley and earn about 800 RMB per year; one *mu* of farmland produces 700-800 *jin* 斤⁸ (350-400 kilograms) of barley. However, most village families lack this amount of land. More commonly, two or three households share about eight *mu* of land on which they cultivate barley for subsistence.

³ The river running through the center of the valley is locally known as the Rdo sbis gzhung chu.

⁴ Certain nearby Minhe 民和 Mangghuer (Tu 土) also venerate this lake as evident in Bao Yizhi's 鲍义志 (1990) short story, *Goddess Pool*.

⁵ Dpa' sde (brave/ heroic village) is pronounced 'Hwadee'. Minzhu 民主 'Democracy', is the village's Chinese name.

⁶ The three villages are Dpa' sde, Dgu ri, and Ri gong ma.

⁷ One *mu* = 0.16 acre/ 0.067 hectares.

⁸ One *jin* = a half kilogram.

Villagers earn cash income from livestock; each family usually owns at least one cow. From the cow's milk, villagers produce butter and cheese that is not eaten but sold to generate income. A family can earn 600-800 RMB per year selling butter and cheese. Most households make twenty-five to thirty *jin* of butter and thirty *jin* of cheese annually. Villagers also work as migrant laborers. Almost every able adult leaves the village in May and June to dig caterpillar fungus (*Cordyceps sinensis*), a medicinal herb found at high altitudes. Each caterpillar fungus sold for ten to fifteen RMB in 2007. Each person earned 2,000-3,000 RMB during good seasons.⁹

Money earned is spent on children's school expenses, the New Year festivities, fertilizer, electricity, and other essentials. In total, the average family earns approximately 3,700 RMB in cash per year; they must spend approximately 3,500 RMB per year, leaving 200 RMB in annual surplus. The family borrows money to pay tuition if their children attend university.¹⁰

Village houses are situated near each other, separated by lanes about three meters wide. House compounds occupy approximately 200 square meters. Houses are single storied and occupy about one third of the compound: the remaining area is a courtyard. In the past, most houses were made of rammed earth with very little timber. In 2008, however, using much timber was commonplace. Unlike local Han, villagers lack separate

⁹ This background information on Dpa' sde Village was collected for a small-scale development project in the village that was planned and implemented by the first author. For more information see <http://www.shemgroup.org/reports/490/running-water-project-for-minzhu-village/>.

¹⁰ The total annual expense of a university education in 2008 ranged from 8,000-12,000 RMB per student.

rooms for a kitchen, living room, and bedroom. A single room is used for all these purposes, with a stove and a large brick platform, the *he tse*.¹¹ When villagers cook, smoke and heat from the stove goes through a flue beneath the brick platform bed, heating the platform before exiting from a hole at the base of a wall of the room. Houses also have small rooms with only a large *he tse* heated by a stove used to heat the beds. These rooms are used for guests and when women are confined after giving birth.

The west side of Dpa' sde Village has a *ma Ni* hall (prayer hall) where villagers gather to chant and hold certain rituals. It is the only place in the village where religious images are kept, other than in household shrines. There are several monasteries in Rdo sbis Township. Rdo sbis grwa tshang (also called Dar rje gling) is the largest, and located just north of Dpa' sde Village. About 300 monks reside in the monastery where locally important Buddhist festivals are held.¹² Additionally, household rituals are performed by monks from this monastery.

There is no medical clinic in Dpa' sde Village, however, the village is located a fifteen minute walk from the township center, making it convenient to visit doctors and purchase medicine at the hospital and several clinics located there. The hospital is staffed by local Tibetans who practice Traditional Chinese Medicine. When a patient is seriously ill, the hospital advises the patient to go to the county hospital, because local doctors feel ill-equipped and inexperienced. The health clinics are also staffed by local Tibetans, who practice Traditional Tibetan Medicine,

¹¹ To our knowledge, this oral term has no literary form.

¹² The important festivals are the birth and death days of the Buddha (both in the fourth lunar month) and the fifteenth day of Lo sar (the New Year period). All Tibetans in the township participate.

making diagnoses by examining pulses and providing treatment with traditional herbal medicines.

LITERATURE REVIEW

Compared to ethnic groups of similar size in China, literature on Tibetan pregnancy, childbirth, and child rearing is relatively rich.¹³ However, this literature is flawed by the tendency to make generalized, normative statements about all Tibetan society by drawing data from only a single, or small number of, research sites. This results in such statements as, "Tibet is one of the few societies in the world which does not have traditional birth attendants or midwives" (Adams et al. 2005:821) or "...Tibetans generally prefer the first child to be a girl" (Norbu Chophel 1983:5); both of which are counter-to-fact in the present case (see also Craig 2009a). We concur with Samuel's (1993) use of the plural in describing 'Tibetan societies', and therefore limit our findings to a single Tibetan township, focusing on one village.

Biomedical investigations of childbirth and childhood in Tibetan communities were conducted by Dang et al. (2004), Tripathy and Gupta (2005), Niermeyer et al. (1995), Zamudio et al. (1993), Deng (1991), Harris et al. (2001), and Yang et al. (1999). These studies generally focus on the effects of high altitude on infant size and mortality, or on infant and child nutrition.

Two sources may be noted in the popular literature—

¹³ There were 5,416,198 Tibetans in China in November 2000 (Mackerras 2003). A search of English journal literature for articles concerning pregnancy, child birth, and child rearing among groups with comparable populations, e.g., the Mongols (5,813,947), Tujia 土家 (8,028,133), and Buyei 布依 (2,971,460), provided no results.

Farwell and Maiden (1992) and Maiden and Farwell (1991). These works generalize about Tibetan culture and homogenize all Tibetan people; there is a lack of site-specific research; vagueness in language use is present; there is a tendency to see textual, philosophical Buddhism as the sole source of Tibetan culture; and a resultant debatable view of Tibetan culture and people as enlightened, self-conscious, purposeful, and desirous and capable of achieving harmony in every aspect of life.

Anthropological literature is more extensive. Adams et al. (2005a) conducted research on traditional views of having a safe delivery among women in the Tibet Autonomous Region, the aim of which was to "... develop a culturally appropriate village birth attendant training program" (821). The authors found that efforts to ensure child and mother safety focused on

... fear of attacks by spirits/ demons and negative health effects of meeting strangers; fear of and taboos against pollution/ defilement (*grib*); injunctions to silence and secrecy; various beliefs about diet and behavior; and various social and economic obstacles to receiving hospital care (826).

Adams et al. (2005b) discuss the research methodology used, and the cultural specificities of adapting it to the 'Tibetan' context.

Rozario and Samuel (2002) describe Tibetan birthing practices in the comparative context of 'South Asia', focusing their discussion primarily on pollution (*grib*) concepts and related practices. Given this and Adams' (2005) focus on *grib*, discussions in Samuel (1993), de Nebesky-Wojkowitz (2002), and Mills (2005) are also relevant to the current study, though this concept is not of central importance in Rdo sbis. Levine's (1987a, 1987b) work focuses on demographic

aspects of childbirth and rearing, including aspects of child preference, in polyandrous Tibetan communities in Nepal. Asboe (1932) provides a brief account of childbirth in Manchat (*sic*, Western Tibet),

Several (male) Tibetan authors have written in English on Tibetan pregnancy, childbirth, and child rearing. In *Folk Customs and Superstitions of Tibet*, Norbu Chophel (1983) provides a long list of 'Superstitions on Children', without sourcing the provenance of such information. Thubten Sangay (1975), citing unnamed scriptural sources, gives mostly prescriptive accounts of Tibetan beliefs and practices regarding signs occurring at conception; signs during pregnancy; duration of pregnancy; the health of the expectant mother; signs indicating birth is near; preparation of baby clothing; final signs of birth; cutting the umbilical cord, etc.; recuperation of the placenta; ceremonies performed after birth; special rituals; naming the child; birth festivities; the baby's first outing; nursing; the health of a child; feeding; growing up; birthday celebrations; illness; general symptoms of illness; diagnosis; treatment of mouth pustules; teething; diarrhea and vomiting; measles; treatment of dropped liver; preparation of preventative medicine; playing; and education. As well as not citing the sources of this information, the provenance is also not provided.

Of greatest relevance to the current work is the online working paper on "Socioeconomic Status and Maternal and Child Health in Rural Tibetan Villages" (Kunchok Gyaltzen et al. 2007). Drawing data from two unnamed Tibetan agricultural communities in Qinghai Province, the following useful information is provided: only thirty percent of women visited a health care provider during pregnancy; ninety-three percent of respondents gave birth at home; birth-attendants were frequently mothers; ninety-five percent of women buried the placenta after birth; on average, respondents claimed to have had twenty-two days of successive post-

partum rest; and eighty-six percent of women claimed not to have suffered infection after birth. This data largely concords with what was found in Rdo sbis Township.

In the context of the above, the significance of the current work is that it is the first site-specific study by a Tibetan female of Tibetan concepts and practices surrounding pregnancy, childbirth, and child rearing, and that employs local accounts and oral texts as evidence of local realities in contrast to making normative statements about Tibetan society in general.

METHODS

A data collection protocol designed to gather information from female village consultants consisted of fifteen questions regarding pregnancy, birth, and post-natal care. It was administered verbally to eight women from Gzhong ba and Dpa' sde villages in November (2007) and February (2008). In-depth qualitative interviews were conducted with two key consultants: Tshe ring rdo rje (b. 1940) and Rta mgrin skyid (b. 1939). The first author also drew on her own experience as a native villager, who has witnessed many pregnancies and one birth.

PREGNANCY

Local women believe they are pregnant when menstruation stops. Other indications include wanting to sleep longer than usual, excessive vomiting, lethargy, and changes in appetite. One woman who normally did not like sour food suddenly felt like eating such foods as *nas phye* 'sour barley bread' after becoming pregnant. Very rarely, if all of these signs are absent, and if the stomach does not protrude, a woman does

not know she is pregnant until giving birth, as described in the following account:

A girl called 'Dam ma was pregnant, but no one knew, including her. One day she felt very sick and her family took her to the township hospital. The doctors said that there was much water in her abdomen and they were unable to remove it. They asked her family to take her to the county hospital. The county doctors, aware of the township doctors' diagnosis, prepared to operate. Fortunately, 'Dam ma gave birth at that time, shocking everyone.

It is taboo for a woman to inform her family members that she is pregnant (see also Craig 2009b). Family members eventually notice, but do not ask about the pregnancy. During early pregnancy, women work as before and eat the same foods as usual. This continues until the family members learn that the woman is pregnant, and then the woman's workload changes. The family asks the woman to do light work but often, since no one else is available to do her chores, the woman continues working as usual.

Villagers predict the sex of the unborn by observing the shape of the woman's belly and interpreting the mother's dreams during pregnancy. If the mother's belly is round and protruding, with a vertical line from the center of the belly to the pubic hair, then the baby is thought to be a boy. On the other hand, if the belly is not rounded and does not protrude, then the baby is thought to be a girl.

Dreams also suggest the sex of the unborn child. If the mother often dreams about flowers, butterflies, and beautiful birds, the baby is thought to be a girl. However, if the mother dreams about snakes, lions, knives, and arrows, then it is thought that the baby is a boy. Apart from identifying the sex of the baby, villagers also believe that a

dream may show the unborn's personality or future fate. For example, if a parent dreams about rainbows before the birth, it is considered a sign that the baby will have a bright future.

Villagers prefer male children to female children, because females marry and generally leave the home to labor in another household. Men are considered physically stronger than women and capable of contributing more productive labor. If a couple is unable to deliver a male, a family member may visit a monastery to worship and pray for a son. After a son is born, the family holds a large celebration (see the following description), which is usually not held when a girl is born.

Villagers believe that the sex of a baby may change after birth, as demonstrated below:

A village girl's family told her that she was born a male. At the time when she was about to be born, all her family members expected her to be a boy and had asked a local lama to give them a yellow silk cloth to wrap the baby in. As expected, her mother successfully gave birth to a boy and everyone in the family was very happy and went to inform their relatives about their newborn baby. About two hours later, relatives happily came to the home to visit the baby. However, when they unwrapped the yellow silk cloth, they were shocked to see a girl. The baby's aunt cried for a long time at their baby boy having changed into a girl. Such a condition may be hereditary; one of that girl's cousins was also born a boy in the morning but by afternoon had changed into a girl. The baby's grandmother witnessed the process of her grandson becoming a girl. She was watching the baby and suddenly, the baby's penis separated into two parts. The grandmother tried to bind them together, crying, but eventually the baby became a girl.

Prenatal care for mother or infant is rarely practiced. In cases when the mother or other relatives have dreams indicating an auspicious future for the baby, the mother is asked not to wear clothes from non-relatives or widows, as these are considered unclean and might harm the baby. In addition, the mother is very careful that others not touch her head. These measures are thought to protect the unborn child.

MIDWIVES¹⁴

Women return to their mother's house to give birth; if the woman has no mother or her mother is considered to live too far away, she stays in her husband's home. Very rarely, the mother may come to the daughter's husband's home to assist with the birth. *Ma ma*¹⁵ 'birth attendants' are women who have given birth to five or six children. A woman does not become a *ma ma* because she has had many children. Others must request her help and she must agree to give it; however, cases where a woman has been asked and refused to assist are unknown. In Rdo sbis Township, each village has at least one or two *ma ma*, who are usually in their forties. However, if a woman has given birth to several children, she may become a midwife in her thirties. *Ma ma* receive no special training and require no instruments or texts. After an experienced woman has helped to give birth several times and has proven useful in safely delivering children and making the mother comfortable during childbirth, then she becomes a *ma ma*. Knowledge of the woman's skills spreads by word-of-mouth, and others request her assistance. Rta

¹⁴ The description given here is partly based on Roger and Solom's (1975) list of the characteristics of Asian midwives.

¹⁵ This oral term has been Romanized according to an approximate phonetic transcription.

mgrin skyid describes her career as a *ma ma*:

I first gave birth when I was eighteen. My fourth child was born when I was twenty-eight. Afterwards, I began helping other women with childbirth. After giving birth to my eleventh child, I became a popular *ma ma*. Villagers still asked for my help when I was in my sixties. At the age of sixty-three, I stopped being a *ma ma*.

In all, I delivered seventeen babies and none of them died during delivery. However, one woman nearly needed to be taken to hospital because the baby tried to come out the anus. I had to ask her to lie prone and lean against the pillow. Then, I pushed against the woman's anus with my knee, to force the baby to exit correctly. After trying several times, the baby still didn't emerge, so I asked the woman to stand so we could take her to hospital. As soon as she did so, she gave birth!

Often, when a woman is giving birth, we ask her to crouch and lean back against something. This makes birth easier, but the best way is for the woman to stand. The baby and the afterbirth emerge easily this way. However, sometimes this is uncomfortable for the woman.

Retained placenta is a common problem. I have never had to deal with infections or hemorrhaging. We think losing blood after giving birth is helpful, because blood pollutes the woman's insides. To help the blood come out, we tie the woman's sash very tightly after birth and ask her to squat. No one worries about blood-loss following birth. However, in about 1975, a village woman lost blood for a month after birth, and a year later she was dead. In another case, a woman died immediately after giving birth, because the afterbirth didn't come out correctly. She bled to death.

Preventing infection is critical. Infection is caused by wind (*rlung*) going into the woman's body after she gives birth. We use a little flax or linseed oil to massage the

woman's legs and abdomen to prevent this. We sometimes use the same oil, heat it in a pan, pour it into a cloth bag, and place it between the woman's thighs. This is very helpful in preventing infection. It is also helpful for the woman to keep her legs tightly together; she needs to be careful when walking and when squatting to urinate. Some women will only move around on their hands and knees on the *he tse* after giving birth. Also, she should not lift her buttocks suddenly and needs to sit on a warm bed instead of sleeping, which is not good for her. All these things prevent infection.

It is taboo for a woman whose child has died during delivery or shortly after to become a *ma ma*, as such women are thought to have bad luck (*las ngan*) that can cause negative outcomes for the infant and mother. Similarly, widows are believed to bring bad luck to a woman and her baby and are not asked for help.

Ma ma are always women; there have never been male *ma ma* in Rdo sbis. Women would be uncomfortable with a male midwife; they are ashamed to let a man see them naked.¹⁶ Women also think that men lack the necessary experience to be of assistance. A *ma ma* delivers fifteen to twenty babies in her life; in some years she delivers none, but in others years she may deliver up to seven babies.

The knowledge a *ma ma* possesses is never learnt from books but acquired through experience and talking with

¹⁶ In contrast, Peissel (1979:229) states that in Mustang, at the opposite end of the Tibetan cultural realm: "When [a woman] is about to have her child, she is confined to her house, alone with her husband, whose duty it is to help her in child bearing." Azziz (1978) reports that the husband also assists in birth in the southern Tibetan region of D'ing-ri.

other women. *Ma ma* are never paid for their work.¹⁷ Because of the lack of payment and training, villagers do not perceive being a midwife as a profession. *Ma ma* simply provide assistance when asked.

The role of *ma ma* is viewed neutrally and it does not affect a woman's status. Apart from their role as midwife, *ma ma* perform no other para-medical services. For example, midwives are usually not involved before delivery, and often it is the mother or mother-in-law who instructs the pregnant woman what to do and not to do. A midwife's main role is to assist in childbirth, mostly in dealing with the mother and infant immediately after the birth.

BIRTH

For the reasons stated above, women normally continue to work as before until giving birth. Moreover, women are taught that work softens the bones and makes birth easier, as indicated by Brtan lo's (b. 1934) account of childbirth:

In 1957, I had birth pangs on the way back from collecting wood. I gave birth to one of my sons just as I got home. A friend gave birth while collecting fuel, and another while she was out in the field, weeding barley. In the past, giving birth outside was very common, and women gave birth without pain.

Prior to the late 1960s, it was not uncommon for the mother or child to die in birth. Another account from Brtan lo explains:

¹⁷ However, when the family gives 'birth gifts' to village children (described below), they give fried bread with brown sugar to the *ma ma* to show appreciation.

When I was ten, I was circumambulating the village stupa, when a very pregnant woman began experiencing birth pangs. Everybody thought she would soon give birth, and so helped her to a mountain near the stupa, where she immediately gave birth. However, the baby was stillborn.

Nobody blames the mother or the *ma ma* if a child dies at birth. The death is considered to be the result of the infant's bad karma from a previous life.

In the past, most women typically gave birth to six to eight children, one of which generally died during childbirth or soon after.

IMMEDIATELY AFTER BIRTH

Immediately after birth, the intervention of the *ma ma* is essential for ensuring maternal and infant health. The *lte thag* 'umbilical cord' is cut first. Problems may ensue if it is not detached correctly. People in Rdo sbis leave a distance of four fingers between the abdomen and the point where the umbilical cord is detached by tying a string around it. No certain string is used; the only requirement is that it be strong. The cord detaches after seven days. A slice of deer antler is placed into the inverted navel to prevent the infant's abdomen from becoming infected.¹⁸

¹⁸ Frick (1957:186) described the use of deer antler in traditional medicine in the Xining valley: "... deer horn ... is included in almost every medicinal formula. The people regard it as a cure-all." Although the people Frick worked with and studied were likely Han Chinese, considerable overlap in medical systems in this area would not be surprising.

Before detaching the cord, it is essential to tie the navel very tightly; otherwise, the baby's navel becomes loose and gradually protrudes. Only one such case is currently known within Dpa' sde. Apart from being considered abnormal, a protruding navel is also said to cause urinary urgency. The umbilical cord is usually cut with scissors or a knife that may or may not have been washed with water.

Those unable to have a child occasionally come to the home of a newborn and ask for the umbilical cord and a piece of cloth from the mother's robe, in the belief that these assist in becoming pregnant. The umbilical cord, wrapped in the cloth, is tied on a string around the neck of the woman who wishes to give birth

The midwife carefully washes the newborn. If it is not washed well, then its skin will not be smooth and white when it matures. The *ma ma* first washes the baby with warm water. Two or three days later, the family washes the baby with milk containing conifer needles.

Washing the infant's first clothes is also significant. The baby remains naked for seven days after birth. Its first clothes are a simple, sleeveless garment made by a family member. The family does not wash these clothes until they become very soiled. People think that the dirtier the clothes the better; the soiled cloth is thought to keep the baby healthy by increasing its ability to defend against disease and pollution (*grib*). The water first used to wash the clothes is considered special and is discarded where people cannot easily step on it, which is thought to harm the infant. The garment is worn again after washing, but can only be used for one to three months, after which the material disintegrates. The remaining rag is then thrown into a fire.

Immediately after birth, a family member, usually the baby's grandfather, puts the *rtsed rogs* (afterbirth, literally 'play friend') in a cloth bag and buries it under the compound's threshold. It is thought that if the *rtsed rogs*

becomes dusty while in the hole, the baby's nose will be blocked and the baby will not be able to breathe well. It is also thought that the baby will vomit excessively if the hole is not deep enough.

Before this is done, a man from the family goes to the *ma Ni* hall and blows a conch if a son has been born. The conch is not blown if the newborn is female.

A family member places a small piece of butter on the newborn's tongue before the baby's first taste of milk in the hope that the baby will always have good food and never be hungry.

NAMING THE BABY

Babies are named seven days after birth. The family asks for a name from a lama or respected monk from the local monastery or, if they have a relative in such important monasteries as Sku 'bum, they ask him.¹⁹ If this is not done, the grandfather²⁰ names the child. The baby becomes sick if an inappropriate name is bestowed. No one, including the mother, knows the baby's name until the seventh day. The grandfather or the father (if he asked a lama for the name) keeps this a secret after learning the name.

While the family waits for the name, they ask the lama to give the baby a piece of colored cloth about thirty centimeters long. The lama who gives the baby its name decides the color of the cloth, which is hung around the

¹⁹ Sku 'bum Monastery, to the south of Xining 西宁, Qinghai Province's capital, is the birthplace of the Dge lugs pa sect's founder, Tsong kha pa (1357-1419).

²⁰ Usually the paternal grandfather, but if a woman's husband lives with her in her family's home, the maternal grandfather chooses the name.

infant's neck. A small cut is made up from the bottom of the cloth everyday for the next seven days. On the seventh day, the cloth must be completely cut. On that day after breakfast, the one who has the name (usually the grandfather or the father), goes to the baby, puts his mouth close to the baby's ear (right ear for boys and left ear for girls), and says in a loud whisper, "Dear baby, X²¹ is your name and you will have this name with you. From today you need to take care of this name; don't lose it." From then on, all family members use the name.

Monks consult zodiac almanacs for names, while laymen do not. The name might be considered unfit if the baby is unhealthy or cries a great deal, in which case the family may ask the lama who gave the name to do a divination using prayer beads to determine if the name is the problem, in which case he gives the baby another name. The lama chants scriptures to cure the baby if a name change is deemed unnecessary.

POST-NATAL CARE AND DISEASE PREVENTION

The family makes a fire outside the courtyard gate after the processes described above are completed. The new mother and infant should not see visitors for a month, because guests may be contaminated by '*dre*' 'ghosts' or '*gdon*' 'evil spirits' that can make the infant sick. The fire prevents '*dre*' and '*gdon*' from entering the family compound. If the baby is a boy then the fire is to the right of the door and if it is a female then the fire is on the left. If there is no fire burning and no-one comes from inside the compound to light one, then straw is left there and guests make a fire themselves. Guests may also spit behind them to ward off evil.

²¹ Where X indicates the baby's name.

The mother, called *bang ma* during this time, may also be given a separate room. Because family members need to go out often to fetch water, to the toilet, and tend livestock, it is impossible for them to remain at home and uncontaminated. Confining the *bang ma* and infant to a separate room prevents contamination (*grib*). Family members first rest in another room for a short time in order to decontaminate themselves before visiting the mother and infant.

Dietary precautions taken by the *bang ma* include not eating garlic, onion, chili, salt, and pork because it is thought such foods may sicken both mother and child. Fried bread, with no seasoning or oil mixed into the dough, is considered good food, as is barley flour fried in rapeseed oil. Porridge made from this also helps if the mother is not lactating. *Ja nag* 'black tea' is usually reserved for elders and is also considered good for the *bang ma*.

The baby breastfeeds for seven days after the delivery and then eats specially made fried wheat flour mixed with cow or yak milk. Though the baby can eat solid food after about a year, breastfeeding continues until the baby is six or seven years old; some children breastfeed to the age of ten. Women consider weaning children cruel and delay it as long as possible; however, if successive births occur, the child will be weaned as soon as possible.

Meat is considered the best food for the mother. However, pork and goat meat are considered unclean; mutton is usually eaten. No seasonings, including salt, are used in preparing the meat, and the woman should not eat noodles for seven days. Food given by non-family members is also considered bad for the woman. After a woman gives birth, her friends and relatives visit her with special food called *bang zas*, which is fried bread made from dough with much rapeseed oil mixed into it. Family members eat this food.

Restorative tonics containing deer antler, honey, and

brown sugar are also prepared. Women take a spoonful of honey and a slice of deer antler every morning before they eat, and drink tea with brown sugar.²² Deer antler is very expensive²³ and only wealthy families buy it. Honey and brown sugar are cheap and commonly used.

The *bang ma* and infant should stay warm. The mother wears warm clothes, including a fur hat and a sheepskin robe. She must not drink cold water. Furthermore, the *he tse* where the baby and the mother sleep must be kept very warm. Straw is burned inside the *he tse* to warm it and there are cases of infants being burned because of this.

TREATING INFANT AND CHILDHOOD ILLNESSES

Common problems in childhood are crying, excessive vomiting, and fear.

If the baby seems constantly afraid, a cure is attempted using *lcags mda' lcag bzhus* 'melt metal to make a metal arrow'. A small amount of oil is boiled in a new pot, and a small amount of lead that might come from caps of bottles given out by hospitals and pharmacies, is added. Earlier, an earthen clod, flattened on one side, is prepared. An impression half a centimeter deep is made in the shape of a miniature bow and arrow on the flattened side of the clod. After about three minutes, the metal has melted and *skrag phud* 'expel fear' is performed by circling the pot containing the oil and metal above the baby's head. Then, the metal is poured into a bowl of water to determine how much fear is in the baby. The baby is deemed to still be very afraid if the

²² Deer antler is ingested as a powder, which is wrapped in paper and swallowed; this is done because it is said to be harmful if deer antler touches the teeth.

²³ In 2008 deer antler cost 16,000-24,000 RMB per kilogram.

molten metal spreads out widely, in which case the metal is retrieved from the water, melted again, and passed around the baby's head as before. While doing this, the grandfather says "*Lo lo ma skrag, ma skrag* Baby don't be afraid, don't be afraid." After doing this three or four times, the molten metal no longer spreads out in the cold water.

The metal is then melted a final time and poured into the arrow-shaped cast on the clod. The molten metal sets quickly and then the miniature bow and arrow is attached to the back of the baby's clothes with a string. It is believed that the baby's fear has now been expelled.

Another method, called *tha bkrus* 'ash washing', is used when a baby cries persistently. *Tha bkrus* must be done at night, using *rtsam pa*, a portion of the baby's leftover food plus ash from three different stoves; a typical house usually has three stoves in three different rooms of the house used primarily for heating. These items are mixed in a shallow wicker basket by the mother or the grandmother, and brushed over the baby's clothes and body by hand. While doing this, the person might say:

¹ Song, song

² Nga'i khyim nas ma 'dug

³ Nga'i khyim na go kha gsum gyi tha ma gtogs ga cig
kyang med

⁴ A khu rgyal bo tshang la song

⁵ A khu rgyal bo tshang na gos dngul dar gsum yod

⁶ Skra ril gos gsum yod

⁷ A khu rgyal bo tshang la song na

⁸ De yan gyi skyid dang de yan gyi bde zhig med

⁹ Nga'i tshang gi byis pa'i brla rtsi to 'dra

¹⁰ Mgo sgong ba 'dra

¹¹ Da song

¹² Nga'i khyim nas ma 'dug

¹³ A khu rgayl bo tshang la song

- ¹ Go! Go!
- ² Don't stay in my home,
- ³ There is nothing in my house but the ash from three pots.
- ⁴ Go to Uncle King's home.
- ⁵ In Uncle King's home are cloth, silver, and silk – all three.
- ⁶ Hair and its ornaments, silk – all three.
- ⁷ Go to Uncle King's house.
- ⁸ It could not be happier or more comfortable there.
- ⁹ My family's child's thigh is like a *rtsi to*,²⁴
- ¹⁰ [And has a] head like an egg.
- ¹¹ Go now!
- ¹² Don't stay in my home,
- ¹³ Go to Uncle King's home.

The mixture is discarded outside, preferably at a crossroads. The evil force causing the baby to cry has now been exorcised.

At the age of around five, a child may lose its soul by being frightened by a sudden loud sound such as thunder. The child does not talk much and seems distracted and distant in such an event. The soul is thought to be wandering, lost, and aimless. In this case, a ritual called *bla 'bod* 'soul calling' is performed. A female family member makes fried bread in a metal pan, and wraps it in the child's clothes. She then goes to the place where the child was frightened²⁵ and loudly calls:

²⁴ A tall, thin, weak-stemmed plant used to make brooms. It is easily blown over by wind.

²⁵ Villagers often go to an external corner of the compound wall, because they believe a child can lose its soul there. Children are warned to avoid such places.

- ¹ Lo lo
- ² Ma skrag
- ³ Ma ngu
- ⁴ Yul la shog
- ⁵ Yul na a ma a pha tshang ma yod

- ¹ Baby,
- ² Fear not!
- ³ Don't cry!
- ⁴ Come home!
- ⁵ Your mother and father are both at home!

The bread is then fed to livestock. Seven or eight days are needed for the baby to regain its wandering soul if it is badly frightened. The soul returns the next day if the child is not badly frightened.

Soot from a pot bottom is put on a baby's forehead between the eyebrows, or fed to the baby to treat stomach aches.

Another common ailment during childhood is vomiting after meals caused, it is thought, by a displaced organ, usually the liver. This condition, known as *mchin pa lhung ba* 'descended liver', is caused by sudden movement of the baby's head, because the infant cannot control its neck. A small piece of bread covered in cotton is attached to the back of the child's clothes to cure this.

A newborn also has a small bell on the back of its clothes to make it happy. When the baby moves, the bell rings, pleasing the baby. The bell is discarded when the string attaching it to the clothes breaks.

Villagers also invite lamas and monks to cure sickness. Lamas and monks may tie a finger-sized piece of wood inscribed with Buddhist scriptures to the back of the baby's clothes. Most adults are illiterate and do not know the meaning of the texts.

RITUALS FOR INFANTS AND CHILDREN

Birth celebrations are commonly held only for boys, especially in the case of a couple's first child. However, a family with several sons may wish for a daughter, and celebrate if a girl is born. Wealthy families celebrate the birth of every child.

Celebrations are held on the seventh day after the birth, which is the same day the child's name is formally announced. The child's maternal relatives are the most important guests. They bring a live sheep and new Tibetan robes, including clothes for the baby. Gifts are displayed publically at the party, offering a chance to display the wealth of the child's maternal family and the esteem in which they hold the child's paternal family. Meat, dumplings, and other foods are prepared and consumed. Males drink liquor, sing, and tell jokes. The party commences at around ten a.m. and concludes at around sunset.

The next activity held after the baby's birth is the giving of gifts to village children. Female family members prepare candies and fist-sized bread buns and give them to villagers aged six to fifteen. Any family member except for the new mother goes door to door throughout the village. The family hopes that their child will have a happy future by giving such gifts and delighting the village children.

When a baby turns one,²⁶ the child's head is shaved, regardless of gender. The hair is rolled into a ball and tied to the back of the baby's clothes along with the bell, the piece of wood with Buddhist scripture, and the metal arrow (if *lcag mda' lcag bzhus* has been performed) to protect the baby and keep it healthy.²⁷

²⁶ During the child's first New Year celebrations.

²⁷ Frick (1957:186) states that:

CONCLUSION

The expense of hospital treatment was historically such that it was only utilized in the case of emergency. Furthermore, women are reluctant to give birth in the hospital in fear their vaginal passage will be cut, causing much pain and prolonging recovery. Despite this, increasing numbers of women now give birth in hospital. Women who do not are gossiped about; some suggest that their families do not care about them, or that the families are too poor to afford hospitalization. The practices described in this paper are performed less frequently, and are likely to disappear in the next generation.

A baby's head is usually shaved shortly before the festival celebrated a month after its birth. This 'fruit hair' as it is called, is moistened with spittle and rolled into a little ball, which is later fastened to the infant's first dress...

REFERENCES

- Adams V, S Miller, J Chertow, S Craig, A Samen, and M Varner. 2005a. Having a "Safe Delivery": Conflicting Views from Tibet. *Health Care for Women International* 26(9):821-851.
- Adams V, S Miller, J Chertow, S Craig, A Samen, Nyima, Sonam, Droyung, and M Varner. 2005b. The Challenges of Cross-Cultural Clinical Trials Research: Case Report from the Tibetan Autonomous Region, People's Republic of China *Medical Anthropology Quarterly* 19(3):267-289.
- Asboe W. 1932. Notes on Childbirth in Manchat (Western Tibet). *Man* 32:139.
- Azziz, B. 1978. *Tibetan Frontier Families: Reflections on Three Generations from D'ing-ri*. Durham, NC: Carolina Academic Press.
- Bao Yizhi 鲍义志 (translated by Hu Jun and K Stuart). 1990. Goddess Pool. *China Today* (North American edition) 39(8):57-59.
- Craig, S. 2009a. "Not Found in Tibetan Society": Skilled Birth Attendants, Structural Inequalities, and the Political Economy of Childbirth in Tibet. Paper presented at the *Society for Medical Anthropology Conference, Yale University, 24-27 Sept 2009*.
- Craig, S. 2009b. Pregnancy and Childbirth in Tibet: Knowledge, Perspectives, and Practices in H Selin and P Stone (eds). *Childbirth Across Cultures* Dordrecht: Kluwer Academic Publishers, pp145-160.
- Dang S, Yan H, S Yamamoto, Wang X, and Zeng L. 2004. Poor Nutritional Status of Younger Tibetan Children Living at High Altitudes. *European Journal of Clinical Nutrition* 58:938-946.

- Deng X, Z Pingcuo, and Nima D. 1991. Analysis of Birth Weight of 3939 Newborn Tibetan and Han Nationality Children in Lhasa Area, China. *Journal of Tibetan Medicine* 12:46-47.
- Farwell E and A Maiden. 1992. The Wisdom of Tibetan Childbirth *in Context: A Quarterly of Humane Sustainable Culture* <http://www.context.org/ICLIB/IC31/Farwell.htm>, accessed 12 April 2008.
- Frick, J. 1957. Medicinal Uses of Substances Derived from the Animal Organisms (in Tsinghai). *Anthropos* 52:177-198.
- Harris N, P Crawford, Yangzom Y, L Pinzo, P Gyaltsen, and M Hudes. 2001. Nutritional and Health Status of Tibetan Children Living at High Altitudes. *North England Journal of Medicine* 344:341-347.
- Klumo Tshering. 2007. Running Water Project for Minzhu Village. <http://www.shemgroup.org/reports/490/running-water-project-for-minzhu-village/>, accessed 17 November 2009.
- Kunchok Gyaltsen, C Gewa, H Greenlee, J Ravetz, M Aikman, and A Pebley. 2007. Socioeconomic Status and Maternal Child Health in Rural Tibetan Villages *California Center for Population Research On-Line Working Paper Series*. <http://repositories.cdlib.org/ccpr/olwp/CCPR-Special-07>, accessed 8 October 2008.
- Levine, N. 1987a. Differential Child Care in Three Tibetan Communities: Beyond Son Preference. *Population and Development Review* 3(2):281-304.
- Levine, N. 1987b. Fathers and Sons: Kinship Value and Validation in Tibetan Polyandry. *Man* 22(2):267-286.
- Ma Jianzhong and K Stuart. 1996. Stone Camels and Clear Springs: The Salar's Samarkand Origins. *Asian Folklore Studies* 55:287-298.

- Mackerras, C. 2003. *China's Ethnic Minorities and Globalisation*. London and New York: Routledge.
- Miller, M. 2005. Living in Time's Shadow: Pollution, Purification and Fractured Temporalities in Buddhist Ladakh *in* D Mills and W Young (eds). *Qualities of Time: Temporal Dimensions of Social Form and Human Experience*. (ASA 2002 Monograph). London: Berg Publishers.
- de Nebesky-Wojkowitz, R. 2002. *Oracles and Demons of Tibet: The Cult and Iconography of Tibetan Protective Deities*. Kathmandu: Pilgrims Book House.
- Niermeyer S, Ping Yang, Shanmina, Drolkar, Zhuang Jianguo, and L Moore. 1995. Arterial Oxygen Saturation in Tibetan and Han Infants Born in Lhasa. *New England Journal of Medicine* 33:1248-1252.
- Peissel, M. 1979. *Mustang: A Lost Tibetan Kingdom*. London: Futura Publications.
- Roger E and D Solomon. 1975. Traditional Midwives and Family Planning in Asia. *Studies in Family Planning* 6(5):126-133.
- Rozario S and G Samuel. 2002. Tibetan and Indian Ideas of Birth Pollution: Similarities and Contrasts *in* S Rozario and G Samuel (eds). *Daughters of Hariti: Childbirth and Female Healers in South and Southeast Asia*. London: Routledge, 182-208.
- Thubten Sangay (G Kilty, trans). 1975. Tibetan Traditions of Childbirth and Childcare: A Stairway to the Heaven of the Compassionate One. *Tibetan Medicine* 7:3-24.
- Tripathy V and R Gupta. 2005. Birth Weight Among Tibetans at Different Altitudes in India: Are Tibetans Better Protected from IUGR? *American Journal of Human Biology* 17:442-450.

Asian Highlands Perspectives. 10 (2011), 41-72.

- Yan H, S Dang, L Zeng, Q Li, and Q Wang. 1999. *Report of Surveys on Basic Health and Maternal and Child Health Care in Forty Poor Counties of Western China and Tibet in 1999.* Xi'an: Xi'an Jiaotong University.
- Zamudio S, T Droma, K Norkyel, G Acharya, J Zarmudio, S Niermeyer, and L Moore. 1993. Protection from Intrauterine Growth Retardation in Tibetans at High Altitude. *American Journal of Physical Anthropology* 91:215-224.

TIBETAN WORD LIST

bang ma ບັງມາ, a mother during post-natal confinement

bang zas ບັງຈະສ, fried bread made from dough containing much rapeseed oil

bla 'bod ບ්ලා'බඳ, soul calling

chu ma ທຸ່ມາ, village with irrigated field

'dre ແດ້, ghost

gdon ພັດນາ, evil spirit

grib ສුචා, pollution, defilement

he tse ໄທ්සෑ, heated sleeping platform

ja nag ຂໍ'ຮ່າ, black tea

jin ໃຈ (rgya ma ຖ්‍රාමා), *jin* 斤, a unit of weight measurement

las ngan ລෘඛත්, bad luck

lcags mda' lcags bzhus ຟູ້ການ'ກັດນ'ກູ້ການ'ກັບນູ້, melt metal to make a metal arrow

lo lo ma skrag, ma skrag ນැ'න්ມ'ກ'න්ග ກ'න්ග, baby don't be afraid, don't be afraid

lte thag ໝ්ල්'ස්ග, umbilical cord

ma ma ມ'මා, midwife

ma Ni ມ'නි, Tibetan Buddhist mantra

mchin pa lhung ba ອັກີຕ'ສ'ລູນດ'ສා, descended liver

mu'u ມුව්, *mu* 帛, a unit of land measurement

nas phye ຮුණ්ටු, sour barley bread

ri ma ຮී'මා, village with unirrigated field

rlung ຮුນ්, air, wind, vital essence

rtsam pa ສຸມ'සා, roasted barley flour

rtsed rogs ສේද'ຮොගා, afterbirth, literally 'play friend'

rtsi to ཁྱାର୍ତ୍ତୀ, a tall, thin, weak-stemmed plant used to make brooms that is easily blown over by wind

skrag phud གྲାଗ ཕ୍ରୁଦ୍, expel fear

tha bkrus ຂାଘ୍ରୁଣ୍ଣ, ash washing